



## **INSURANCE CONTRACT MULTI-RISK TRAVEL**

**Document drafted according to the guidelines of the ANIA Technical Table - Consumer Associations - Intermediary Associations - for simple and clear contracts**

# **FILO DIRETTO TRAVEL**

## **NOBIS GROUP**

**The Information Set includes the following documents:**

- (a) Basic Dip;**
- (b) Additional Dip;**
- (c) Glossary;**
- (d) Conditions of Insurance;**

**which must be given to the policyholder before the contract is signed.**

**Before signing, read the Pre-contractual Disclosure carefully.**

**Last update: model 6003 – edition 01.10.2023**

## INDEX

## SECTION A – DEFINITIONS

In order to facilitate the reading and understanding of this document, we bring here an explanation of some of the terms in the insurance glossary, and other terms that have specific meanings within the policy. Within the policy, where terms referred to in this section are given, they take on the meaning below.

**Ambulatory Clinic:** the medical facility or center equipped and duly authorized to provide health care services as well as the professional practice eligible by law for the practice of individual medical practice.

**Adjustment Appendix:** the document by which the Company indicates to the Policyholder on a monthly basis the number of names reported and included in the insurance as well as the amount of the relevant premium due to supplement the minimum premium.

**Insured:** the person whose interest is protected by the insurance i.e. any person registered for the trip organized by the Contractor and duly notified to the Company.

**Insurance:** the contract of insurance.

**Assistance:** the timely help, in cash or in kind, provided to the Insured in distress, following the occurrence of an accident.

**Acts of Terrorism:** an action in the public domain-including serious forms of unlawful violence against a community (or part of it) and its property-aimed at instilling terror in the members of an organized community and/or destabilizing its established order and/or restricting individual freedoms (including religious freedoms), by means of bombings, kidnappings, hijacking of airplanes, ships, etc., and similar acts, provided they are likely to endanger the lives of individuals.

**Operations Center:** the structure of the Company consisting of technicians and operators, operating 24 hours a day every day of the year, which provides telephone contact with the Insured and organizes and provides Assistance services.

**Travel Companion:** the insured person who, although not related to the Insured who suffered the event, is regularly registered for the same trip as the Insured.

**Contractor:** the natural or legal person who enters into (sells) the insurance contract with the Insured. This might be a travel agency, or the platform that proposes the policy together with the main travel package.

**Day hospital:** the daytime inpatient stay, with a bed without overnight stay, for medical services that are:

- referred to therapies (excluding investigations for diagnostic purposes, including preventive ones);
- documented by medical records;
- practiced in a hospital, clinical institution or nursing home.

**Variable Data:** the variable risk elements involved in the calculation of the premium and its adjustments, i.e., the number of insured persons and/or insured property for which the insurance coverage is provided, which shall be communicated by the Policyholder, in accordance with the procedures set forth in the Contract.

**Domicile:** the place of residence, including temporary residence, of the Insured.

**Contract Duration:** the period of validity of the contract chosen by the Insured.

**Europe:** all countries in Europe and the Mediterranean basin, excluding the Russian Federation.

**Foreign:** all states other than those indicated in the definition 'Italy'.

**Family members:** spouse/partner more uxorio, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, uncles and nephews up to the 3rd degree of relationship, brothers-in-law.

**Deductible:** predetermined amount that remains the responsibility of the Insured for each claim.

**Company:** Nobis Compagnia di Assicurazioni S.p.A.

**Fire:** self-combustion with the development of flame.

**Accident:** the event, suffered by the vehicle, due to fortuitous event, inexperience, negligence, non-compliance with rules or regulations, connected with road traffic, as defined by law, that causes damage to the vehicle such as to make it impossible to use it under normal conditions.

**Compensation or Indemnity:** the amount payable by the Company in the event of a claim covered by the policy guarantees.

**Accident:** an event due to a fortuitous, violent and external cause that produces objectively ascertainable physical injury resulting in death or permanent disability or total or partial temporary disability.

**Surgical intervention:** a medical act practiced in the operating room of a health care institution or ambulatory clinic equipped for the purpose, prosecutable through bloody action on tissues or through the use of mechanical, thermal or light energy sources. For insurance purposes, the bloodless reduction of fractures and dislocations is also considered equivalent to surgery.

**Permanent Disability:** the definitive and irreparable loss or diminution, as a result of injury or illness, of the ability to perform any gainful work, regardless of one's profession.

**Health care institution:** the hospital, nursing home, scientifically oriented institutions for hospitalization and care (IRCCS), university clinic, duly authorized by the competent authorities - according to legal requirements - for the provision of hospital care. Excluded are spas, rehabilitation and reeducation health care facilities, health care residences for the elderly (RSAs), clinics with dietary and aesthetic purposes as well as centers, however understood, providing the services defined in Article 2 of Law No. 38 of 15.03.2010.

**Italy:** the territory of the Italian Republic, the Vatican City and the Republic of San Marino.

**Illness:** any alteration in the state of health not dependent on accident.

**Pre-existing illness:** illness that is the expression or direct consequence of pathological situations that arose prior to the stipulation of the policy.

**Maximum sum:** sum up to which the Company is liable for each claim.

**Medicines:** considered as such are those that are described in the Italian Yearbook of Medicines. Thus, parapharmaceuticals, homeopathic, cosmetic, dietary, galenic, etc., even if prescribed by a physician, are not such.

**World:** all countries in the world.

**Family Unit:** the spouse more uxorio/cohabiting spouse and children living with the Insured.

**Policy / Policy Sheet:** the document that proves the insurance and the guarantees actually operating.

**Premium:** the amount owed by the Policyholder to the Company.

**Final premium:** the amount of the policy premium payable by the Policyholder to the Company based on the Variable Data or, in the case of a premium computed in % of the value of the main product, multiplying the gross rate (%) stated in the policy by the actual turnover generated by the policyholder for the purchase of the main product.

**Minimum premium:** the amount of the policy premium payable in each case by the Policyholder to the Company, regardless of the number of names actually reported or in the case of a rate policy, the actual amount of turnover during the policy term.

**Quarantine:** compulsory home isolation involving one or more persons, with or without health surveillance aimed at the subsequent determination of actual Covid-19 infection.

**Residence:** the place where the physical/legal person has his or her usual residence/place of residence as shown on the registry certificate.

**Hospitalization:** an inpatient stay, involving overnight stay, in a Nursing Institution - public or private - duly authorized to provide hospital care.

**Risk:** probability of the occurrence of the damaging event against which the insurance is provided.

**Deductible:** the portion of the indemnifiable loss, expressed as a percentage, that remains the responsibility of the Insured.

**Tourist Services:** Air travel, hotel accommodations, transfers, car rentals, etc., sold by the policyholder to the Insured.

**Claim:** The occurrence of the damaging fact or event for which insurance is provided.

**Loss Expenses:** expenses that the losing party is ordered to reimburse the victorious party in civil proceedings.

**Gross Rate:** the multiplier to be applied to the turnover generated by the Policyholder, through which the Final Premium is to be determined.

**Third Party:** as a rule, the following do not qualify as third parties: a) the spouse, parents, children of the Insured as well as any other relative or relative living with him/her and resulting from the family status; b) the employees of the Insured who suffer the damage in the course of work or service.

**Travel/Lodging:** the movement and/or stay for the purpose of tourism, study and business of the Insured organized by the Policyholder; the travel/rental begins after the moment of check-in (if by air flight), entry into the hotel/apartment (if only stay), boarding (if by ship or ferry), seating in the carriage (if by train).

***Nobis Compagnia di Assicurazioni S.p.A. is responsible for the representation, truthfulness and completeness of the declarations reported in this Information Set.***

The Legal Representative,  
dr. Giorgio Introvigne



## **SEZIONE B – CONDIZIONI DI ASSICURAZIONE**

Condizioni di Assicurazioni Filo diretto Travel Mod. 6003 ed. 2023-10 – Ultimo aggiornamento 01/10/2023

**In questa sezione il Contraente trova le norme che regolano il rapporto tra l'Impresa ed il Contraente medesimo, prevedendo diritti ed obblighi a carico delle parti.**

### **ART. 1 – PREMIUM DETERMINATION – DECLARATIONS RELATED TO THE ELEMENTS OF RISK**

The premium is determined on the basis of the data indicated on the summary sheet signed by the Contractor, with reference to the following variables specific to each insured trip: destination, price of the trip, duration of the trip, maximum limits chosen and number of Insured Persons.

The Contractor is obliged to immediately notify the Company of any changes made during the course of the contract. In the event of inexact or reticent statements by the Contractor, made at the time of entering into the contract, concerning circumstances affecting the assessment of the risk, or failure to notify the Company of any change in the circumstances themselves that lead to aggravation of risk, payment of the damage is not due or is due in a reduced amount in application of the provisions of Articles 1892 - 1893 - 1894 and 1898 of the Civil Code.

### **ART. 2 – EXCLUSION OF ALTERNATIVE COMPESATIONS**

If the Insured Person does not receive one or more benefits, the Company is not required to provide compensation or alternative benefits as compensation.

### **ART. 3 – VALIDITY, DURATION AND STARTING DATE OF THE GUARANTEES**

The duration of the coverage results from the data communicated by the Policyholder for each individual Insured through the appropriate on-line system made available to the Company, provided that all the rules of assumption and communication by the Policyholder have been complied with.

The 'Trip Cancellation' guarantee starts from the date of booking of the trip, through the payment of the insurance premium by the Contractor or the Insured and ends when the Insured begins to use the first service purchased from the Contractor.

The guarantees are valid only if the policy was purchased by the Insured at the time of booking (confirmation of purchased tourist services) of the trip.

**Under this agreement, only subjects with Italian residency can be insured.**

This policy is valid only when combined (in an ancillary form) with the sale of a trip/stay organized by the Contractor.

### **ART. 4 – OBLIGATIONS OF THE INSURED IN CASE OF CLAIM**

In the event of a claim, the Insured must give notice by telephone or in writing to the Company in the manner prescribed by the individual guarantees. Failure to comply with this obligation may result in the total or partial loss of the right to indemnity pursuant to Article 1915 of the Civil Code.

For details, please refer to Section IV "Reporting of Claims and Indemnification" of this contract.

### **Art. 5 – TERRITORY**

The insurance is valid in the country or group of countries where the trip is made and where the Insured Person has suffered the loss that originated the right to benefit. In the case of travel by air, train, coach or ship, the insurance is valid from the station of departure (airport, railway, etc., of the organized trip) to the station of arrival at the conclusion of the trip.

In any case, the Insurance is valid only for events occurring at a distance of more than 50 km from the place of residence, with the exception of the 'Trip Cancellation' guarantee.

The guarantees are not provided in Antarctica and the Antarctic Ocean and in countries that are in a state of belligerence, declared or de facto, among which are considered as such the countries indicated in the JCC Global Cargo report, found at <https://watchlists.ihsmarkit.com>, which at the time of departure report a risk rating of "4.0" or higher. Also considered to be in a state of declared or de facto belligerency are those countries whose belligerent status has been made public

### **ART. 6 – CLAIM LIQUIDATION CRITERIA**

Payment of the amount contractually due in the event of a claim shall be made, upon presentation of the original of the relevant notices, bills and receipts of expenses incurred duly receipted. At the request of the Insured, the Company shall return the aforementioned originals, after affixing the date of settlement and the amount settled.

In the event that the Insured has presented the original of the notations, bills and receipts to third parties in order to obtain reimbursement, the Company will make payment of the amount due under this contract,

subject to proof of the expenses actually incurred, net of the amount borne by the said third parties. Reimbursements will always be made in euro currency. The Company will reimburse the Insured, only after full submission of the required documentation necessary for the assessment of the claim.

#### **ART. 7 – DAMAGE LIQUIDATION /CALL FOR APPRAISERS**

The quantification of the damage will be carried out by the Company by direct agreement between the Parties or, failing that, established by two Experts appointed one on each side. In case of disagreement, they will elect a Third party for settlement. If either Party fails to appoint its own Expert or lacks agreement on the choice of the Third party, the appointment will be made by the President of the Court in whose jurisdiction the registered office of the Enterprise is located. Each Party shall bear the expense of its own Expert and half of that of the Third Expert. Decisions shall be made by majority vote with dispensation from all legal formalities and shall be binding on the Parties, who hereby waive any appeal except in cases of violence, malice, error or breach of contractual agreements.

It shall in any case be the right of the Parties or of either of them to apply directly to the judicial authorities for the protection of their rights.

#### **ART. 8 – LAW AND JURISDICTION**

The Parties agree that this contract shall be governed by Italian Law. The Parties also agree that any dispute arising from this contract shall be subject to Italian jurisdiction.

#### **ART. 9 – ADDITIONAL DOCUMENTATION FOR THE CLAIM MANAGEMENT**

The Insured acknowledges and expressly grants the Company the right to request, in order to facilitate the settlement of the claim, additional documentation to that indicated in the individual guarantee/performance. Failure to produce the documents, related to the specific case, may result in total or partial forfeiture of the right to reimbursement.

#### **ART. 10 – CONTRACTOR'S OBLIGATIONS**

The Contractor undertakes:

- in the event that the agreements made with the Company provide for automatic compulsory inclusion of all travelers, to insure with this policy all the Clients who purchase a trip organised by them;
- in the event that the agreements entered into with the Company provide for the option for the traveler to adhere to the coverages offered by this contract, to offer this policy to all its customers;
- to make available to all policyholders, in hard copy or electronic format and prior to the signing of the contract, the "Information Set" including the "Policy Sheet";
- to publish in catalogs and/or sites the insurance guarantees under this policy upon acceptance of the texts by the Company

#### **ART. 11 - CUMULATION**

It is agreed that in case of an event affecting more than one Insured with the Company, the maximum outlay shall not exceed the amount of €500,000.00 per event except as provided for the 'Accident' guarantee.

Should the amounts to be settled under the terms of the contract exceed the above limits, the indemnities payable to each Insured shall be reduced proportionately.

#### **ART. 12 – MISSING PAYMENT – ALSO PARTIAL – OF THE PREMIUM**

Where the Policyholder fails to pay the premium due at the signing of the contract or two or more subsequent premium installments within the agreed terms or fails to pay the variable premium adjustment portion in the manner and within the terms provided, or fails to make any communication regarding the Variable Data or makes it qualitatively and quantitatively incomplete or late with respect to the contractually provided terms, the Company shall have the right to declare by registered letter AR the suspension of the effects of the insurance coverage (with the exception of the services indicated in the "Personal Assistance" guarantee, where applicable) as of the date of receipt of said communication, putting the Contractor in default and, upon persistence of such non-fulfillment within 15 days of receipt of said communication, to declare in the same terms the termination of the contract, configuring such conduct of the Contractor as a serious breach of the obligations undertaken pursuant to art. 1455 et seq. of the Civil Code, without prejudice to any other right also aimed at compensation for the damage suffered. The suspension and/or termination of the effects of this Contract shall be effective and valuable not only for the Contractor but also for the Insured, and the latter shall be duly informed by the Contractor of this circumstance, holding the Contractor the Company harmless from any and all prejudice to it arising from failure to comply with this obligation.

If the adjustment of Variable Data is not communicated, or the premium adjustment is not paid within the agreed terms, without prejudice to the suspension of the guarantee, it remains expressly agreed that any claims occurring in the period to which the failure to adjust refers to, will not be indemnified and/or settled by the Company to the Policyholder and/or Insured.

Likewise - if the occurrence of one of the events provided for in this article is not followed by an immediate and full settlement of the Contractor's debt position - the Company subsequently reserves the right to settle claims in proportion to the recorded actual payments.

#### **ART. 13 – EFFECTS ON THE INSURED**

The Contractor undertakes to make the Insured aware, at the time of joining the policy, that the insurance guarantee under this Contract will be suspended by the Company, in addition to the hypotheses envisaged by the codified regulations in force, in the event of the occurrence of the hypotheses referred to in Art. 12, i.e., for example, in the event that the Contractor fails to make any communication regarding the Variable Data and/or makes it qualitatively and quantitatively incomplete or late with respect to the contractually established terms, being able the Company, upon the persistence of such failure, to declare the termination of the contract. And this also in cases of non-payment of the premium and/or of the premium installments subsequent to the scheduled monthly due dates or of the sums due in adjustment by the Contractor, and in any case in all cases in which the Contractor defaults on his obligations under this contract.

The Contractor also undertakes to make the Insured aware of the provisions of the last paragraph of Article 12 above and to hold the Company harmless from any and all claims and/or grievances that may be received from the Insured.

#### **ART. 14 – SPECIFICATIONS IN RELATION TO THE GUARANTEE “TRAVEL CANCELLATION”**

Upon the occurrence of any of the events envisaged in Article 12 above, the Contractor undertakes to hold the Company harmless from all claims - including economic claims - that may be made by its clients in the event of a request for activation of the "Trip Cancellation" guarantee, given that the claims affecting the guarantee in question find their direct and exclusive origin in the application of the penalty for withdrawal from the travel contract by the Contractor himself.

#### **ART. 15 – EXCLUSIONS AND LIMITATIONS FOR ALL GUARANTEES**

Reimbursements are not payable for claims caused by:

- State of war (declared or undeclared), martial law, revolution, riots or popular movements, looting, embargoes, vandalism, strikes;
- Acts of terrorism;
- Earthquakes, tsunamis, tidal waves, storm surges, hail, floods, fires, volcanic eruptions and/or other atmospheric phenomena as well as phenomena occurring in connection with energy transformation or settling of the atom, whether natural or artificially caused;
- Malice or gross negligence of the Policyholder or Insured;
- Suicide or attempted suicide;
- Illnesses that are the expression or direct consequence of pathological situations existing prior to the conclusion of the policy;
- Chronic illnesses;
- Illnesses attributable to complications of the state of pregnancy beyond the 24th week;
- Voluntary termination of pregnancy, organ explantation and/or transplantation;
- Non-therapeutic use of drugs or drugs, alcohol and drug addiction, HIV-related diseases, AIDS, mental disorders and mental disorders in general, including psychotic and/or neurotic behavior;
- Pandemics and/or epidemics and/or measures of the Authorities (including health authorities), it being expressly understood that said exclusion shall not operate in relation to facts directly related to the virus called "Covid-19";
- Quarantines that are the cause of the Cancellation of the trip, affecting the place of residence and/or the place of departure and/or the place of transit and/or the place of destination of the trip purchased by the Insured;
- Injuries resulting from the following activities or sports, such as: mountaineering with climbs above the third degree, free climbing (free climbing), jumping from a trampoline with skis or water skis, acrobatic and extreme skiing, caving, off-piste skiing, ski mountaineering, freestyle skiing, water skiing, bobsledding, river canoeing above the third degree, descending rapids of watercourses, whitewater rafting, canyoning, kite-surfing, hydrospeeding, bungee jumping, parachuting, hang gliding, aerial sports in general, boxing, wrestling, martial arts, boxing, American football, ice hockey, scuba diving, heavy athletics, karting, jet skiing, hunting, rifle shooting;
- Acts of recklessness;
- Sports activities carried out in a professional capacity and/or participation in sports competitions or contests, including trials and training conducted under the auspices of federations;
- Automobile, motorcycle, powerboat, including watercraft, snowmobile, and snowmobile racing or

- events and related practice and training;
- Childbirth (early, premature or full-term);
- Performance of activities involving the direct use of explosives or firearms;

This policy is valid only when combined (as an accessory) with the purchase of a trip.

The issuance of more than one application/policy to guarantee the same risk is not permitted in order to raise the limits of the specific guarantees and the contractually stipulated risk accumulations.

Adherence to this policy may in no way be issued to extend a risk (i.e., travel) already in progress and it is expressly understood that adherence to this policy must take place compulsorily at the time of booking the trip. Should the issuance occur after the date of booking the trip, the contract and the individual application issued shall be deemed to be void and the Company shall refund the policy premium.

All claims relating to events occurring outside the period of enjoyment of the tourist service provided by the travel organizer, which is Contractor of this policy, are excluded.

With respect to the 'Trip Cancellation' guarantee, claims relating to coverages of tourist services not purchased by the Contractor who issued the application itself and to coverages of services that are not part of the trip booking are excluded.



## **SECTION C – GUARANTEES FOR TRAVEL CANCELLATION**

This section consists of 1 chapter (Travel Cancellation) which governs the guarantees, which are the subject of this Insurance including their benefits, limits and exclusions.

### **CHAPTER 1 – TRAVEL CANCELLATION**

This guarantee is valid and operative only if it has been recalled on the policy sheet and the corresponding premium has been paid.

#### **ART. 1.1 – TRAVEL CANCELLATION**

The Company shall indemnify, under the terms of this policy, the Insured and a single Travel Companion, provided that they are insured and registered for the same trip, for the withdrawal fee resulting from the cancellation of tourist services, determined in accordance with the General Terms and Conditions, which is a consequence of circumstances unforeseeable at the time of booking the trip or tourist services determined by:

**Death, illness or injury resulting in hospitalization (including Covid 19 infection provided that the latter results in the need for hospitalization and that the Insured proves that the full course of vaccines has been carried out or that there are documented health reasons preventing the administration of the vaccines) of the Insured or the Traveling Companion or their spouses/domestic partners more uxorio, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, uncles and nephews up to the 3rd degree of kinship, brothers-in-law, Co-owner Partner of the Insured's Firm or direct supervisor, of such severity as to prevent the Insured from undertaking the trip due to his or her health condition or the need to provide care for the above-mentioned ill or injured persons.**

**In the event of a claim involving multiple Insured persons enrolled in the same trip, the Company will reimburse all eligible family members and only one of the Travel Companions provided they are also insured.**

#### **ART 1.2 – MAXIMUM CEILING, OVERDRAFT, DEDUCTIBLES**

The Insurance is provided up to the total cost of the trip within the maximum amount per Insured of € 5,000.00 with a limit of € 15,000.00 per event (i.e. fact affecting one or more persons objectively connected by the purchase of the same trip booked by the Policyholder. Included, as long as they have been included in the total cost of the insured trip, are practice management costs, fuel adjustments already provided for on the policy issue date, as long as they result from the booking statement, and the cost of visas. Airport taxes are always excluded if they are reimbursable).

Indemnities will be made without application of any excess.

#### **ART 6.4 – REIMBURSEMENT CRITERIA**

The Insured, or whoever on his or her behalf, is obliged, by midnight of the day following the day of the event (meaning the occurrence of the causes leading to the cancellation of the trip), to make an immediate report by telephone by contacting the toll-free number 800.894124 or the 24-hour number 039/9890.703, or to make the report online via the Internet at [www.nobis.it](http://www.nobis.it) - section "On-Line Reporting," following the relevant instructions. L'Assicurato è altresì obbligato a comunicare l'annullamento del viaggio o dei servizi turistici acquistati al Tour Operator organizzatore e/o all'Agenzia di Viaggio presso la quale si è conclusa la prenotazione.

The Insured must allow the Company the investigations and assessments necessary for the definition of the claim, as well as produce to the same all the documentation relating to the specific case, releasing, for this purpose, from professional secrecy the Doctors who have examined and treated him, possibly invested in the examination of the claim itself.

Failure to comply with these obligations and/or if the Company's medical trustee or assessor verifies that the Insured Person's condition is not such as to prevent his or her participation in the trip and/or in the event of the Insured Person's failure to produce the documents necessary for the Company to properly evaluate the claim, may result in the total or partial loss of the right to compensation.

**IMPORTANT: The compensation payable to the Insured is equal to the withdrawal fee (i.e., the penalty stipulated in the travel contract, in the case of cancellation of the same), calculated as of the date on which the event occurred, i.e., the occurrence of the circumstances that resulted in the inability to undertake the trip. Any higher cancellation fee charged by the Tour Operator as a result of a delay by the Insured in reporting the cancellation of the trip to the Tour Operator will remain the responsibility of the Insured.**

## **SEZIONE IV – CLAIM ANNOUNCEMENT AND INDEMNITY**

### **ART. 1 – WHAT TO DO IN CASE OF CLAIM**

#### **OBLIGATIONS OF THE INSURED IN CASE OF CLAIMS**

##### **Travel Cancellation**

All claims must be announced through the following channels:

- **Via internet** (on the website [www.nobis.it](http://www.nobis.it) section “On-Line Claim Announcement”) following the instructions.
- **Via mail, or email, sending the required documentation to:**

-  
**NOBIS COMPAGNIA DI ASSICURAZIONI - Ufficio Sinistri**  
**Viale Gian Bartolomeo Colleoni, 21 – Centro Direzionale Colleoni**  
**20864 AGRATE BRIANZA (MB)**  
**Mail: [gst@nobis.it](mailto:gst@nobis.it)**

According to the general rules and those governing each benefit, the claim must correctly specify the loss suffered in the report and, in order to speed up the settlement time, the documentation indicated in each insurance benefit and summarized below must be attached to the claim report:

##### **IN CASE OF TRIP CANCELLATION**

- IN CASE OF HOSPITALIZATION, COPY OF HOSPITALIZATION CERTIFICATE/MEDICAL RECORD;
- IN CASE OF DEATH, DEATH CERTIFICATE;
- STATEMENT OF BOOKING CONFIRMATION TO THE TRIP AND PENALTY ;
- RECEIPTS (DEPOSIT, BALANCE, PENALTY) OF PAYMENT FOR THE TRIP;

##### **IMPORTANT NOTE**

- Originals of invoices for repairs as well as originals of any expenses incurred as a result of the claim must always be provided to the Company.
- The Company reserves the right to request any additional documentation necessary for a proper evaluation of the reported claim. Failure to produce the documents listed above, related to the specific case, may result in total or partial forfeiture of the right to reimbursement.
- It is necessary to notify the Company of any changes in the risk that may occur after the contract is concluded.

**Remember that the right to indemnity is time-barred two years after the last written request received by the Company regarding the claim. (Art. 2952 Civil Code).**

**In each case of a claim along with the documentation, the Insured shall send the Company the details of the bank account to which he/she wishes the reimbursement or indemnity to be credited (account number, bank, address, agency number, ABI, CAB and CIN codes).**

##### **Per eventuali reclami scrivere a**

Nobis Compagnia di Assicurazioni S.p.A.  
Ufficio Reclami  
Centro Direzionale Colleoni  
Viale Gian Bartolomeo Colleoni, 21  
20864 Agrate Brianza – MB – fax 039/6890.432 - [reclami@nobis.it](mailto:reclami@nobis.it)

##### **In caso di mancato riscontro scrivere a:**

IVASS – Servizio Tutela degli Utenti  
Via del Quirinale, 21  
00187 ROMA (RM)